

# Health Professions Workforce Data Workgroup

Kansas Health Data Consortium

November 6, 2009





#### **WORKGROUP GOAL**

 Review the current health professions/licensure data for statewide workforce planning and access to care and develop recommendations to the Data Consortium and/or the Kansas Health Policy Authority (KHPA) Board for needed improvements in data collection.



#### PROPOSED STRATEGY

- Collaborative effort between suppliers, regulators, and users of workforce data to:
  - Conduct a comprehensive needs assessment
  - Identify gaps in current data
  - Brainstorm opportunities to optimize data collection to match needs, taking into consideration the cost and burden to providers



#### WORKGROUP PRODUCT

- Develop recommendations/options for the Data Consortium and KHPA Board on:
  - Common minimal dataset elements for all provider types
  - Additional elements needed from specific providers
  - Frequency of collection
  - Collection mechanism:
    - Licensure process vs survey
    - Centralized vs decentralized, etc.



#### **WORKGROUP TIMELINE**

- Anticipate requiring 3 workgroup meetings:
  - Meeting 1 Needs Assessment
  - Meeting 2 Gap Analysis and Solutions
  - Meeting 3 Crafting Recommendations
- Proposed timeline for presenting final recommendations to the Board: March 2010

#### **INTRODUCTIONS**

- Name
- Affiliation
- How does your organization use health workforce data now and plan to do so in the future ?

### **BACKGROUND**



#### KHPA STATUTORY CHARGE

- Develop and maintain a coordinated health policy agenda
- Effective purchasing of health care
- Employing health promotion oriented public health strategies
- Advancing data-driven decision-making

Source: SB 272



#### KHPA'S DATA RESPONSIBILITIES

- ... develop or adopt health indicators
- ... may appoint a task force or task forces ... for the purpose of studying technical issues relating to the collection of health care data
- ... develop policy regarding the collection of health care data
- ... administer the health care database
- ... receive health care data ... as prescribed by the authority
- ... coordinate ... analysis of health data for the state of Kansas with respect to [its] health programs

Source: SB 272



### STATUTORY AUTHORITY TO COLLECT DATA FROM:

- Medical Care Facilities
- Health Care Providers
- Providers of Health Care
- Health Care Professionals
- Home Health Agency
- Psychiatric Hospitals
- State Institutions for the Mentally Retarded
- Community Mental Health Centers
- Adult Care Homes
- Laboratories
- Pharmacies

- Board of Nursing
- Kansas Dental Board
- Board of Examiners in Optometry
- State Board of Pharmacy
- State Board Of Healing Arts and third party payors, including but not limited to licensed insurers, medical and hospital service corporations, health maintenance organizations, fiscal intermediaries for government funded programs, self funded employee health plans.



### PROFESSIONAL LICENSURE DATABASE - An Overview



#### **Professional Licensure**

- Contains data reported from 8 professional licensure boards.
  - Kansas State Board of Healing Arts
  - Kansas Behavioral Sciences Regulatory Board
  - Health Occupations Credentialing Program (KDHE)
  - Kansas State Board of Nursing
  - Kansas State Board of Pharmacy
  - Kansas Dental Board
  - Kansas Board of Emergency Medical Services
  - Kansas Board of Examiners in Optometry



- Kansas State Board of Healing Arts
  - MDs
  - DOs
  - Physician Assistants
  - Chiropractors
  - Occupational Therapists
  - Occupational Therapy Assistants
  - Physical Therapists
  - Physical Therapy Assistants

- Respiratory Therapists
- Student Respiratory Therapists
- Athletic Trainers
- Naturopaths (NDs)
- Naturopaths with Acupuncture (NDAs)
- Radiologic Technicians
- Resident Physicians
- Contact Lens Distributors
- Institutional



- Kansas Behavioral Sciences Regulatory Board
  - Psychologists
    - Masters (LMLP)
    - PhD (LP)
  - Social Workers
    - Associates (LASW)
    - Bachelors (LBSW)
    - Masters (LMSW)
    - Clinical (LSCSW)

- Licensed Professional Counselor (LPC)
- Licensed Clinical Professional Counselor (LCPC)
- Family and Marriage Therapists (LMFT)
- Clinical Family and Marriage Therapists (LCMFT)
- Clinical Psychotherapists (LCP)
- Alcohol/Drug Abuse Counselors (RAODAC)



- Health Occupations Credentialing Program (KDHE)
  - Audiologists
  - Speech Pathologists
  - Adult Care Home Administrators
  - Dietitians
  - Certified Nurse Aides (CNAs)
  - Certified Medication Aides (CMAs)
  - Home Health Aides



- Kansas State Board of Nursing
  - Licensed Practical Nurses (LPN)
  - Registered Nurses (RN)
  - Licensed Mental Health Technicians (LMHT)
  - Advanced Registered Nurse Practitioners (ARNP)
  - Registered Nurse Anesthetists (RNA)



- Kansas State Board of Pharmacy
  - Pharmacists
  - Pharmacies
  - Manufacturers
  - Distributors
  - Non-Prescription Distributors
  - Retail Dealers
  - Ambulances
  - Analytic Laboratories

- County Health/Family Planning Centers
- Institutional Drug Rooms
- Research and Teaching
- Non-Resident Pharmacies
- Pharmacy Technicians
- Pharmacy Interns
- Sample Distributors
- Durable Medical Equipment



- Kansas Dental Board
  - Dentists
  - Dental Hygienists



- Kansas Board of Emergency Medical Services
  - EMT Level One
  - EMT Intermediate
  - EMT Defibrillator
  - EMT Intermediate Defibrillator
  - EMT Paramedic (MICT)
  - EMT First Responder



- Kansas Board of Examiners in Optometry
  - Optometrists



### Professional Licensure – Data Collection

- Collected from 8 licensure boards monthly
- Data arrives via FTP transmission



### Professional Licensure – Timeframes of Data

- Data began being collected in the 1990s
- KHPA has monthly data for January 2005 through September 2009



### Professional Licensure – Quality of Data

- Only have practice locations for professionals licensed by Board of Healing Arts, Dental Board, Behavioral Sciences Regulatory Board, Board of Examiners in Optometry
- There is not a standard set of data elements between the boards
- Not all elements are collected by each board
- Data is self reported by Professionals to the Licensing Boards
- Data has an individual identifier



# Professional Licensure – Oversight of Data

- Collected for 67 medical/health care professions by 8 Kansas Licensing boards
- Data is administered by Kansas Health Policy Authority



### Professional Licensure – Types of Reports

- Organizations order lists of licensed professionals for the following purposes:
  - License verification
  - Continuing education
  - Sample distribution
  - Recruitment
- Number of Professionals across the State
  - Number of doctors (MDs and DOs) practicing in each Kansas county
  - Number of pharmacists in each Kansas county
  - Number of dentists practicing in each Kansas county



#### **DATA CONSORTIUM:**

Leveraging Kansas health data to advance health reform via data-driven policy



#### FORMATION OF THE DATA CONSORTIUM

- Chartered by the Board in April 2006 to:
  - Guide KHPA in the management of programmatic and non-programmatic health data
  - Ensure continued public support and investment in the use of this data to advance health policy
  - Disseminate this wealth of data, in partnership with stakeholders
  - Ask and answer important health policy questions pertaining to:
    - Access to health care
    - Affordability of health care
    - Quality of health care
    - Health status of Kansans



#### DATA CONSORTIUM MEMBERSHIP

- Executive Director of the Health Policy Authority or designee (Chair)
- Kansas Department of Health and Environment (KDHE)
- Department of Social and Rehabilitation Services (SRS)
- Kansas Insurance Department (KID)
- University of Kansas Medical Center (KUMC)
- University of Kansas Medical Center-Wichita (KUMC-Wichita)
- Kansas Health Institute (KHI)
- Kansas Foundation for Medical Care (KFMC)
- Kansas Medical Society (KMS)
- Kansas Hospital Association (KHA)
- Kansas Association of Osteopathic Medicine (KAOM)
- Kansas Mental Health Association
- Kansas Association for the Medically Underserved (KAMU)
- Kansas State Nurses Association (KSNA)
- American Association of Retired Persons (AARP)
- Kansas Public Health Association (KPHA)
- Kansas Health Care Association (KHCA)
- Kansas Association of Homes and Services for the Aging (KAHSA)
- Two self-insured employers appointed by Kansas Chamber of Commerce and Industry:
  - >> Hills Pet Nutrition

>> Lawrence Paper Co.

- Two insurance carriers:
  - >> Coventry

>> Blue Cross Blue Shield of Kansas (BC-BS)



- Adopted by the Board in 2006
- Provides governance and operational direction to the Board
- Provides guiding framework to analyze health reform options
- Provides "yardstick" to measure over time improved health in Kansas

#### Quality and Efficiency Affordable, Sustainable Access to Care ☐ Use of HIT/HIE Health Care ☐ Patient Safety ☐ Health insurance premiums □ Evidence based care ☐ Health Insurance Status ■ Cost-sharing ■ Quality of Care ☐ Health Professions Workforce ☐ Upcompensated Care ☐ Transparency (Cost, ☐ Safety Net Stability Quality, etc.) ■ Medicaid Eligibility Health and health care spending ☐ Health Disparities KHPA: Coordinating health & health care for a *thriving* Kansas □ Council Participation ■ Data Consortium ■ Physical Fitness ■ Public Communication ■ Nutrition ■ Open Decision Community/Advocacy ☐ Age appropriate screening Making ☐ Tobacco control **Partnership** ■ Responsible Spending ☐ Foundation Engagement ☐ Injury control ☐ Financial Reporting ☐ Accessibility of Information Health and Wellness **Public Engagement** ☐ CMS Cooperation Stewardship SRS **KDHE KDOA KID** •Health Promotion Mental Health Aged Child, Youth & Families Private Health LTC for Disabled Institutional Care •Consumer Health Insurance Substance Abuse Community Care Health & Envir. Statistics Business Health Pagtnership •Local & Rural Health



#### **ACCESS TO CARE**

Kansans should have access to patient centered health care and public health services which ensure the right care, at the right time, and at the right place.

#### Indicators:

- (1) Health insurance status;
- (2) <u>Health professions workforce;</u>
- (3) Safety net stability;
- (4) Medicaid eligibility;
- (5) Health disparities



#### **QUALITY AND EFFICIENCY**

The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.

#### Indicators

- (1) Use of Health Information Technology/Health Information Exchange;
- (2) Patient Safety;
- (3) Evidence based care;
- (4) Quality of care;
- (5) Transparency (of cost and quality of health information).



### AFFORDABLE & SUSTAINABLE HEALTH CARE

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

#### Indicators

- (1) Health insurance premiums;
- (2) Cost sharing by consumers;
- (3) Uncompensated care;
- (4) Medicaid and SCHIP enrollment;
- (5) Health and health care spending.



#### **HEALTH AND WELLNESS**

Kansans should pursue healthy lifestyles with a focus on wellness as well as a focus on the informed use of health services over their life course.

#### Indicators

- (1) Physical fitness;
- (2) Nutrition;
- (3) Age appropriate screening;
- (4) Tobacco control;
- (5) Injury control.



#### PROGRESS RECAP

- December 18, 2007 First meeting of Data Consortium
- December 2007 to October 2008 Development of health indicator recommendations
- November 18, 2008 Recommendations presented to and approved by Board
- November 12-December 2, 2008: Presentations to JCHPO, 4 Advisory Councils: Consumer, Provider, Purchaser, At Large
- November 2008 to January 2009 Generation of Kansas Health Indicators Document
- January 16, 2009 Indicators posted for preview by Consortium & workgroup members
- January 23, 2009 Kansas Health Indicators Document published online
- February 4, 2009 Planning meeting for 2009 Consortium activities
- March 26, 2009 KHIIS reports shared publicly for first time and subsequently in August and October
- November 6, 2009 Launching new workgroup on Health Professions Workforce Data



#### DATA CONSORTIUM WORK PRODUCTS

 Tier I recommendations (Kansas Health Indicators Dashboard):

<u>Vision Principle</u>	<u>Measures</u>	Indicator Groups
Access to Care:	21	8
Health & Wellness:	33	14
Quality & Efficiency:	23	8
Affordability & Sustainability:	19	5

- Deferred list of Tier II and III measures
- Default categories as needed for reporting
- All Data Consortium Documents available online at http://www.khpa.ks.gov/KHPADataConsortium/default.htm



#### PLANNED ENHANCEMENTS

- Kansas Health Indicators "living" document
- Being continually refined based on suggestions from Data Consortium, workgroup members and other stakeholders on:
  - Additional Tier I, II, and III measures
  - Report design / Data visualization (e.g. geomaps)
  - Enhancement of user-friendliness
  - Indicator-level usage statistics monitoring to tailor indicators to user needs



#### **USER RECOMMENDATIONS**

Recommendations from stakeholders with experience using the Kansas workforce dataset

- Health Professions Shortage Area (HPSA)
   and Medically Underserved Area Designations
  - Robert Stiles / Chris Tilden, KDHE



#### 2. PHYSICIAN WORKFORCE REPORT

- Dr. Allen Greiner, KUMC
- Links:

http://ea.kumc.edu/assets/KSPhysicianWorkforceReport.pdf http://www.khpa.ks.gov/data\_consortium/Docs/102009/KS\_project\_Goodman\_Talk\_11102006.pdf

#### Recommendations:

- Try to work with the Board of Healing Arts (as well as other Boards) to systematize their data collection
- Revisit the study every 2-4 years, updating the data
- Attempt further analysis of what keeps physicians in the state
- Assess whether expansion of graduate medical education programs would increase the number of physicians staying in Kansas (currently a lot of KU medical students go elsewhere for their residency and don't return)



#### 3. ORAL WORKFORCE ASSESSMENT

- Dr. Kim Kimminau / Tony Wellever, KUMC
- Links:

http://www.kdheks.gov/ohi/download/2009\_Oral\_Health\_Workforce\_Assessment.pdf http://www.khpa.ks.gov/data\_consortium/Docs/102009/KPHA\_ECP\_and\_Dentist\_Survey\_2009.pdf

#### Recommendations:

- Develop a routine, easy-to-administer workforce survey for all oral health providers with a standardized set of questions designed to promote better workforce planning, forecasting and monitoring
- Data needs to support a relatively real-time ability to characterize the workforce and forecast shortages, barriers to meeting needs in shortage areas and pinpointing "hot spots" where workforce issues need local solutions (e.g., frontier and small rural areas and shortages of dentists in the next 2-5 yrs)



## 3. ORAL WORKFORCE ASSESSMENT (continued)

- Conduct an assessment of demand in addition to supply
- Address the need for a forum to bridge communication across oral health professions.

#### **NEEDS ASSESSMENT DISCUSSION**

Please refer to worksheet in your packet



#### **NEXT STEPS**

- Continue populating needs assessment list and send to LaVerta.Greve@khpa.ks.gov
- Data elements required to meet needs will be reviewed to identify gaps
- Next meeting will focus on data gap review, further needs analysis, and brainstorming solutions
- Tentative date for next meeting: January 2010



### http://www.khpa.ks.gov/